

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 097600217
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		✓				51						
2		1		1			52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1		1				57						
8		1		1			58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	11		11				TOTAL DEP.						
TOTAL CLAIMS	13		13				TOTAL CLAIMS						